



ASH GROVE CEMENT WEST, INC.

3801 EAST MARGINAL WAY, SOUTH
SEATTLE, WA 98134
PLANT OFFICE (206) 623-5596

RECEIVED
JUN 18 1986

June 17, 1986

WASTE MANAGEMENT BRANCH

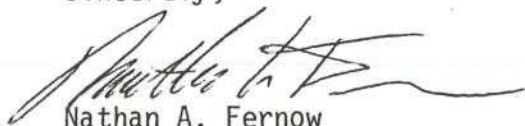
Washington State
Department of Ecology
Mail Stop PV-11
Olympia, Washington 98504-7811

Attention: Dangerous Waste Notifications

The attached Form 2, Notification of Dangerous Waste Activities, is submitted to reactivate this site's Hazardous Waste Identification Number, WAD009249616.

Reactivation is necessary to cover removal of transformers from our plant's deactivated areas.

Sincerely,


Nathan A. Fernow
Chief Chemist

NAF:1mb

cc: EPA - Region X

Attachment

owner/operator change

Spoke to Nate Fernow. 6/19/86.
Told him he could use number.

0303 = #

7/2/86 ✓

FORM 2

DATE IN TO DEPARTMENT

I. EPA/STATE Hazardous Waste I.D.#

W A D 0 0 9 2 4 9 6 1 6

II. Waste Designated By:

RCRA / State _____ SQ
State Only _____
Non-Regulated / Non-Handler / Protective Filing _____

III. Exemption Status:

RCRA Exempt Recycler _____
State Exempt Recycler _____
Below QEL _____
Other _____

IV. Handling

Emergency _____
Remedial Action _____
One-Time-Only _____
Other _____

DEPARTMENT USE ONLY

NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6314/6305/6306

Init.: _____ Date: _____ Region: _____
EPA: _____ Date: _____ Copy: _____
Input: _____ Update: _____ Ack: _____
DEPARTMENT USE ONLY

1. ☐ A. FIRST NOTIFICATION ☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)
☐ B. REVISED NOTIFICATION (enter current I.D.# in upper left) ☒ D. REACTIVATE OUR NOTIFICATION (complete all sections)
revisions effective: 06^{MO.} / 17^{DAY} / 86^{YR} ☐ E. SITE CLOSED (We are no longer conducting business at this location and want our ID No. cancelled)

2.A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

3. NAME OF COMPANY

TECHNICAL OPERATIONS SECTION

A S H G R O V E C E M E N T W E S T I N C

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

3 8 0 1 E A S T M A R G I N A L W A Y S O U T H

CITY OR TOWN

STATE

ZIP CODE

S E A T T L E W A 9 8 1 3 4 -

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

3 8 0 1 E M A R G I N A L S

CITY OR TOWN

STATE

ZIP CODE

S E A T T L E W A 9 8 1 3 4 -

6. COUNTY WHERE THIS
INSTALLATION IS LOCATED

K I N G

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATORB. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHERD. ☐ UNDERGROUND
INJECTION

C. ☒ WASTE MANAGEMENT
FACILITY (TSD)
(refer to definitions
in instructions)
(1) ☐ TREATMENT
(2) ☐ STORAGE
(3) ☐ DISPOSAL
(4) ☐ WE ACCEPT
OFF-SITE WASTES

8. CONTACT PERSON

NAME (last),

(first)

F E R N O W N A T H A N

TITLE

PHONE NO. (area code & number)

C H I E F C H E M I S T 2 0 6 - 6 2 3 - 5 9 9 6

9A. OWNERSHIP (Legal Owner(s) of this Company)

A S H G R O V E C E M E N T W

10. TYPE OF OWNERSHIP

(enter letter code in box)

9B. OWNERSHIP (Legal Owner(s) of site (Property))

6/30/86
6/25/86 P

11. WASTE IDENTIFICATION

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEIGHT CODE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

A. ☐ Batch Frequency _____

QUANTITY							WEIGHT
							CODE

B. ☐ PER MONTH

QUANTITY							WEIGHT
							CODE

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

Please notify Nate Fernow at 623-5596 when I.D. Number is re-activated. The original copy of this form has been sent to Washington State Department of Ecology.


14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
C. ☐ BIOLOGICAL TEST PROCED. D. ☐ GENERATOR ANNUAL REPORT FORM
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I. ☐ OTHER (specify) _____

15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: 	OFFICIAL TITLE (Print) Chief Chemist	DATE SIGNED: 6/17/86
PRINTED NAME: Nathan A. Fernow		

I. EPA/STATE Hazardous Waste I.D.#

W A D 0 0 9 2 4 9 6 1 6

II. Waste Designated By:

RCRA / State _____ SQ

☒ State Only☐ Non-Regulated / Non-Handler / Protective Filing

III. Exemption Status:

☐ RCRA Exempt Recycler☐ State Exempt Recycler☐ Below QEL☐ Other _____

IV. Handling

☐ Emergency☐ Remedial Action☐ One-Time-Only☐ Other _____

DEPARTMENT USE ONLY

FORM 2

NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504-8711
(206) 459-6314 / 6305 / 6306

DATE IN TO DEPARTMENT

JUN 18 AM 11:23

Init: [Signature] Date: 6/25 Region: N

EPA: [Signature] Date: _____ Copy: _____

Input: [Signature] Update: _____ Ack: _____

DEPT. OF ECOLOGY
OLYMPIA, WA
DEPARTMENT USE ONLY1. ☐ A. FIRST NOTIFICATION☐ B. REVISED NOTIFICATION
(enter current I.D.# in upper left)revisions effective: 06^{MO.} / 17^{DAY} / 86^{YR}☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)☒ D. REACTIVATE OUR NOTIFICATION (complete all sections)☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)2.A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

3. NAME OF COMPANY

DUPLICATE

A S H G R O V E C E M E N T W E S T I N C

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

3 8 0 1 E A S T M A R G I N A L W A Y S O U T H

CITY OR TOWN

STATE

ZIP CODE

S E A T T L E

W A

9 8 1 3 4 -

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

3 8 0 1 E M A R G I N A L S

CITY OR TOWN

STATE

ZIP CODE

S E A T T L E

W A

9 8 1 3 4 -

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATORB. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHER _____D. ☐ UNDERGROUND INJECTIONC. ☐ WASTE MANAGEMENT FACILITY (TSD)

(refer to definitions in instructions)

(1) ☐ TREATMENT(2) ☐ STORAGE(3) ☐ DISPOSAL(4) ☐ WE ACCEPT OFF-SITE WASTES

8. CONTACT PERSON

NAME (last)

(first)

F E R N O W

N A T H A N

TITLE

PHONE NO. (area code & number)

C H I E F C H E M I S T

2 0 6 - 6 2 3 - 5 9 9 6

9A. OWNERSHIP (Legal Owner(s) of this Company)

10. TYPE OF OWNERSHIP

(enter letter code in box)

9B. OWNERSHIP (Legal Owner(s) of site (Property))

A. NUM BER	B.	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEI GHT CODE
1	PCB Transformer Oil	W0001		
2				
3				
4				
5				
6				
7				
8				
9				
10				

A. ☐ Batch Frequency _____

QUANTITY						WEIGHT
						CODE


B. ☐ PER MONTH

QUANTITY						WEIGHT
						CODE

RECEIVED
JUL 1 1986
WASTE MANAGEMENT BRANCH

A. ☐ NOTIFICATION FORM B. ☐ PART A PERMIT FORM FOR TSD FACILITIES
C. ☐ BIOLOGICAL TEST PROCED. D. ☐ GENERATOR ANNUAL REPORT FORM
E. ☐ CHEMICAL TEST PROCED. F. ☐ TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT
G. ☐ DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303)
H. ☐ DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305)
I. ☐ OTHER (specify) _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: 	OFFICIAL TITLE (Print)	DATE SIGNED:
PRINTED NAME: Nathan A. Fernow	Chief Chemist	6/17/86